

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		3/18/99
O.I.P.E. CLASSIFIER			5-3-22-99
FORMALITY REVIEW	CM	71632	3-29-99
	CM	71632	5/15/99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			5/28/92
2			5/10/92
3			3/10/92
4			6/23/92
5			6/11/92
6			2/6/94
7			4/1/94
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If more than 150 claims or 10 actions  
 staple additional sheet here

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